



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name City-County Council GOP Committee			3. Acronym or Abbreviated Name (if any) CCC GOP Committee		
4. Mailing Address (Address where all campaign finance correspondence is received) <input checked="" type="checkbox"/> Check if this is a new address 3315 Shelby Street			5. E-mail Address (Optional)		
6. City Indpls	State IN	ZIP Code 46227	7. FAX (Optional)	8. Telephone (317) 787-5323	9. Committee Organization Date (MM-DD-YY) 10/28/10
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. To elect Republicans to City-County Council					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.			14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					

16. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson Michael J. McQuillen			17. E-mail Address (Optional)		
18. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 9130 Prairie Ridge Ct. Indpls 46256			19. Telephone (Day) (317) 374-1481		20. Telephone (Evening) (317) 845-1721
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer Philip C. Borst			22. E-mail Address (Optional)		
23. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 3315 Shelby St. Indpls 46227			24. Telephone (Day) (317) 787-5323		25. Telephone (Evening) (317) 784-2977
26. Custodian of Records Name <input checked="" type="checkbox"/> Check if this is a new custodian Philip C. Borst			27. E-mail Address (Optional)		
28. Mailing Address <input type="checkbox"/> Check if this is a new address 3315 Shelby St. Indpls 46227			29. Telephone (Day) (317) 787-5323		30. Telephone (Evening) (317) 784-2977
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Fifth Third Bank					

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer Philip C. Borst	Signature of the Committee Chairperson
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SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.			FOR OFFICE USE ONLY 1001 2010 FILED
34. Typed or Printed Name of Treasurer Philip C. Borst	Signature of Treasurer 	Date (MM-DD-YY) 10/28/10	

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.		
35. Typed or Printed Name of Chairperson Michael J. McQuillen	Signature of Chairperson 	Date (MM-DD-YY) 10/28/10

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)